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PTO/SB/21 (08-03)  
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/066,836
	Filing Date	02/04/2002
	First Named Inventor	BIGGADIKE
	Art Unit	1616
	Examiner Name	BADIO
Total Number of Pages in This Submission	Attorney Docket Number	PG4739

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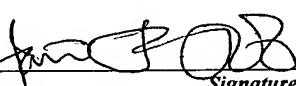
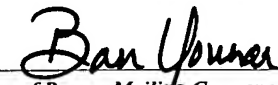
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<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	References on CD
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Customer No.: 23347	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James P. Rick Registration No.: 39,009 Telephone: 919-483-8022
Signature	
Date	28 Oct 03

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>PG4739</b>		
Applicant(s): <b>BIGGADIKE, et.al.</b>					
Serial No. <b>10/066,836</b>	Filing Date <b>02/04/2002</b>	Examiner <b>BADIO</b>	Group Art Unit <b>1616</b>		
Invention: <b>NOVEL ANTI-INFLAMMATORY ANDROSTANE DERIVATIVE</b>			<b>RECEIVED</b> <b>NOV 12 2003</b>		
TO THE COMMISSIONER FOR PATENTS:			<b>TECH CENTER 1600/2900</b>		
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18 -	18 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment.  <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____  <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>07-1392</b>  <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.  <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> <div style="text-align: right;"> Dated: <b>28 OCT 03</b> </div> </div>					
 <b>Signature</b> <b>Jim Riek</b> Registration No.: 39,009 Telephone: 919-483-8022 Customer No.: 23347			I certify that this document and fee is being deposited on <b>10/29/03</b> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  <b>Signature of Person Mailing Correspondence</b>  <b>Ban Younan</b> <b>Typed or Printed Name of Person Mailing Correspondence</b>		
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